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ABSTRACT

The self evaluation guide for programs serving blind and visually handicapped students focuses on standards for preschool services. Addressed are seven topics: planning and organization, personnel, early identification and case finding, child assessment, family-directed services, instructional program, and program evaluation. (CL)

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Section D-15

SELF-STUDY AND EVALUATION GUIDE | 1979 Edition

Preschool Services
(From Birth to Six)

NATIONAL ACCREDITATION COUNCIL
For Agencies Serving the Blind and Visually Handicapped
79 Madison Avenue
New York, N.Y. 10016

EC113434

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Huesten Collingwood

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

INSTRUCTIONS

PRELIMINARY STEPS. Two steps should precede the use of this section in a self-study.

1. All persons involved in the self-study should become familiar with *Section A, Manual of Procedures* for an understanding of the background and purposes of accreditation and the procedures to be followed in conducting a self-study using the various self-study and evaluation guides published by the National Accreditation Council.

2. Members of the self-study committee assigned to complete this guide should review the organization's statement of philosophy of service as a basic reference for the self-study.

RATING. In the parentheses ( ) preceding each standard, enter the letter representing the final evaluation reached in the self-study. Often, improvements are implemented during the self-study. In such instances, the ratings selected should represent conditions at the end of the self-study.

E – Excellent. The standard is met fully or exceeded.

S – Satisfactory. The standard is met substantially.

A – Adequate. The standard is met fairly well but some improvements could be made.

P – Poor. The standard is met only partially and improvements should be made.

M – Minimal. The standard is met to a small extent or not at all and substantial improvements should be made.

NA – Not Applicable. The standard does not apply for reasons stated under *Comments.*

COMMENTS. Throughout the section, space is provided after groups of standards for written comments. An explanation of the rating or any important feature or characteristic of the program can be noted here. Also, the reason why a particular standard or group of standards is not felt to apply to the organization can be outlined.

PROGRAMMING FOR IMPROVEMENT. This concluding part of the guide contains seven questions which provide an opportunity to list the outstanding features of the program and how it benefits the persons served. The questions also call for a listing of past improvements and those which are yet to be accomplished. Plans for improvement initiated as a result of the self-study should be included.

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D-15

SELF-STUDY AND EVALUATION GUIDES

This self-study and evaluation guide is designed to be used in combination with other guides, listed below, available from the National Accreditation Council. An organization undertaking a self-study in applying for accreditation needs to use the following. *A*, either *B-1* or *B-2*, all *C* sections, those *D* sections for the services provided, an *E* form for certain staff members and *F*.

Section	Title and Edition
A	*Manual of Procedures (1979)*
B-1	*Agency Profile (1979)*
B-2	*School Profile (1979)*
C-1	*Function and Structure (1977)*
C-2	*Accounting for Services and Finances (1976)*
C-3	*Personnel Administration and Volunteer Service (1968)*
C-4	*Physical Facilities (1975)*
C-5	*Public Relations and Fund Raising (1968)*
D-2A	*Orientation and Mobility Services (1977)*
D-2B	*Orientation and Mobility Services (Dog Guide Programs) (1968)*
D-3	*Rehabilitation Centers (1968)*
D-4	*Workshop Services (1976)*
D-5	*Social Services (1968)*
D-6	*Vocational Services (1976)*
D-7	*Production of Reading Materials (1970)*
D-8	*Rehabilitation Teaching Services (1977)*
D-15	*Preschool Services (from Birth to Six) (1979)*
D-16	*Other Service Program (1979)*
D-20	*Curriculum Planning and Evaluation (1979)*
D-21	*Program for Multihandicapped Students (1979)*
D-22	*Program for K-12 Students (1979)*
D-23	*Program for Independent Living (1979)*
D-24	*Educational Resources Program (1979)*
D-25	*Leisure Education (1979)*
D-26	*Residential Living Program (1979)*
D-27	*Health Services (1979)*
D-28	*Educational Diagnostic and Counseling Services (1979)*
E	*Individual Staff Member Information Form (1977)*
F	*Evaluation Summary and Report (1979)*

Sections *D-2A* through *D-8* are applicable primarily to "agencies" and *D-20* through *D-28* primarily to "schools." *D-15* is used for preschool services in any setting. Similarly, *D-16* is used by all organizations for services for which NAC does not have specific standards such as radio reading service or special summer program.

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ACKNOWLEDGMENTS

The standards in this self-study and evaluation guide were formulated as part of a two year project to revise and update the *Self-Study and Evaluation Guide for Residential Schools* published in 1968 by the National Accreditation Council (NAC). The Commission on Standards which authorized this project was fortunate in being able to secure the volunteer services of Dr. Geraldine T. Scholl, a member of the Commission and the principal consultant for the 1968 *Guide* to chair the total project and its Coordinating Committee.

A subcommittee headed by Dr. Verna S. Hart was appointed to draft these standards. Assisting Dr. Hart were Sheri Bortner, Wilma Hull, Rosemary O'Brien, Sherry Raynor and Lee Robinson. The task of this subcommittee was to prepare proposed standards for preschool services, a subject which had not been included in the 1968 *Guide* nor in any other NAC self-study and evaluation guides. The subcommittee was "breaking new ground", a formidable task which was successfully achieved by the creative hard work of the subcommittee members.

In June 1977, the first draft had been approved by the Coordinating Committee for use in a national review. Provision was made for agencies and schools to "field test" the draft by means of a self-study of their preschool services. Much appreciation is extended to the following organizations for participating in the field tests: Foundation for Blind Children, Scottsdale, Arizona; Dallas Services for Visually Impaired Children; The Greater Detroit Society for the Blind; Mississippi School for the Blind; The New York Association for the Blind; The Virginia Commission for the Visually Handicapped; the Virginia School at Hampton and the Wisconsin School for the Blind.

It is not possible to cite all the other organizations and individuals who sent in comments and suggestions for improving the draft. NAC is particularly grateful to the parents, teachers and other staff who participated in field testing the draft. Each comment and suggestion resulting from these "outside reviews" was considered by the subcommittee when it prepared a revised draft in the Spring of 1978.

This revised draft was carefully reviewed in June 1978 by the Coordinating Committee which recommended that it be approved by the Commission on Standards. This was accomplished at the November 1978 meeting of the Commission. Later that month, the Board of Directors gave final approval to the draft and authorized its publication for use in NAC's accreditation program.

Sincere appreciation is extended to the following foundations whose financial support made the project possible.

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D-15

PRESCHOOL PROGRAM

INTRODUCTION

The number of preschool blind and visually handicapped children in the United States is estimated to be 20,000 individuals. Specialized services for these children and their families are provided from a variety of settings and administrative auspices. Preschool services may be given by specialized (residential) schools for the blind and visually handicapped, local education agencies (school districts), intermediate education agencies, state departments of education, agencies for the blind and some other entities.

This guide, *Section D-15, Preschool Services,* is designed for planning and evaluating the full range of preschool service modalities in any setting, whether governmental or voluntary.

As used in these standards, the term "preschool" refers to blind and visually handicapped children who have not yet reached the sixth birthday or the age mandated for entry to kindergarten or the first grade. Thus, this self-study and evaluation guide is intended for use in guiding and evaluating specialized services for the youngest age group of blind and visually handicapped children, regardless of developmental level.

Educational programs for older students are appropriately evaluated by other standards and instruments. For specialized schools for the blind and visually handicapped, the National Accreditation Council (NAC) has published the following instruments: *Section D-22, Program for K-12 Students* and *Section D-21, Program for Multihandicapped Students* (ages five and above). The one year overlap between ages five and six is designed to accomodate local or state conditions. A specialized agency or school for the blind and visually handicapped also uses these self-study guides in conjunction with others listed on page iii to make up a comprehensive self-study report which is a key step in applying for accreditation from the National Accreditation Council.

Other schools or districts which provide preschool and K-12 education programs for blind and visually handicapped students are encouraged to use this *Section D-15, Preschool Services* in conjunction with the *Self-Study and Evaluation Guide for Day Programs for Visually Handicapped Pupils: A Guide for Program Improvement,* in preparation by Dr. Geraldine T. Scholl.

The value of specialized preschool services to blind and visually handicapped children and their families has been well established. It is generally recognized that early intervention services can ease impediments for learning and foster the development of learning skills. Youngsters whose only handicap is visual can be assisted to enter formal school smoothly, in the least restrictive education setting suitable for their optimum learning. Equally important as direct services to preschool children themselves is delivery of appropriate services for their families. Parents, guardians and others who provide primary care to the child can benefit greatly from a wide range of services designed to assist them in helping the blind preschool child.

In recognition of the value of preschool services, the number and sophistication of these programs have been increasing. Spurred on by federal and state legislation mandating education of all handicapped children, services to young children are becoming more available throughout the country. As more families become aware of the value of services to help them with their preschool blind youngsters, especially those with additional learning handicaps, more children will be reached earlier and thus reach optimum development of lifelong learning skills.

The preschool services described by these standards involve a multidisciplinary, team approach to helping the child and the family. Services for the family range from social casework to overcome the trauma associated with the birth of a blind or severely visually impaired child, to educating the family on how to provide a positive learning environment in preparation for school. Marshalling the various resources available in the community for the assistance of the handicapped child and the family is another important dimension to preschool services.

Services focused on the child begin with comprehensive assessment and the development of an individualized education program. Instructional activities are designed for each individual encompassing the full range of child development knowledge.

Services are provided both in the home and in a "classroom", center or other facility for this purpose. Some preschool services utilize a combination of day programs at a central location and home-based services. Some models require the child to reside at the institution for the major part of the services.

It should be noted that both this section and *D-21, Program for Multihandicapped Students* can be applied to programs serving low functioning, multihandicapped students under age six. If an organization provides an integrated continuum of services to such multihandicapped children and youth beginning in the preschool years and extending beyond age six, *Section D-21* should be used.

On the other hand, if the organization transfers students who reach school age to another program or facility, such as a K-12 day or residential school or to another specialized program for multihandicapped students who are age six and above, *D-15, Preschool Services* should be utilized for purposes of a self-study.

PRESCHOOL SERVICES

THE STANDARDS

1. PLANNING AND ORGANIZATION

( ) 1.1 PHILOSOPHY. The program of preschool services is consistent with the organization's statement of philosophy of service as approved by the governing authority.

Comments:

( ) 1.2 PURPOSE. The purpose of preschool services is to assist the blind or otherwise visually handicapped child in a home setting to achieve optimum development in early childhood.

( ) 1.2.1 Statement of Purpose. The purpose of the preschool services is clearly set forth in writing.

Comments:

( ) 1.3 PLANNING. A variety of methods is used for systematic planning for the preschool services.

( ) 1.3.1 Long Range Planning. A written long range plan establishes major program goals and projects the human, physical and financial resources needed to achieve them.

( ) 1.3.1.1 The major long range goals of the preschool services are coordinated with the organization's overall long range plan.

( ) 1.3.1.2 The plan extends for a specified time beyond the current fiscal year and is updated at stated intervals.

Comments:

( ) 1.3.2 Annual Planning. A specific written program and financial plan for the preschool services is prepared for each fiscal year.

( ) 1.3.2.1 The annual plan includes a statement of measurable objectives to accomplish the stated goals.

( ) 1.3.2.2 The coordinator of preschool services and other appropriate personnel assist in preparation of the annual plan.

Comments:

( ) 1.3.3 Individualized Education Program. The individualized education program for each child and family guides the implementation of all services.

( ) 1.3.3.1 Information pertaining to initial assessment of development, instructional goals and periodic assessment of progress and achievements are incorporated into a central record concerning the child and the family.

( ) 1.3.3.2 The individualized education program contains both long term and short term objectives for each child and family served.

( ) 1.3.3.3 The written individualized education program is interpreted to each student, parent or guardian in their preferred language or mode of communication.

Comments:

( ) 1.3.4 Short Range Planning. Personnel in the preschool services maintain open channels of communication through conferences and exchange of written communications to facilitate day-to-day planning, problem solving, and coordination with other programs conducted by the organization.

Comments:

( ) 1.3.5 Coordination with Others. Sustained efforts are made to coordinate planning for preschool services with the planning efforts of community planning and funding bodies, other local child-serving health, mental health, education and social service agencies, specialized agencies for the blind and visually handicapped and the state department of education.

Comments:

( ) 1.3.6 Participation in Planning. Planning for preschool services is broadly based with provision for appropriate participation by members of the governing or advisory body, the organization's administrative staff, the preschool services coordinator, teachers, houseparents, aides or paraprofessionals and other staff, volunteers, students, parents or guardians and other consumers, specialized consultants and personnel of local education, health and social service agencies, community planning and funding bodies, specialized agencies serving the blind and visually handicapped and the state department of education.

Comments:

( ) 1.4 PERSONS SERVED. The organization defines and identifies the geographic area served and the population of preschool children and families eligible for preschool services.

( ) 1.4.1 Assessment. Each child identified as a potential recipient of service is assessed as promptly as feasible to determine eligibility.

( ) 1.4.1.1 When the assessment cannot be initiated promptly, the parent or guardian is notified of the reason for the delay and the time when the assessment may be expected to begin.

( ) 1.4.1.2 Eligibility assessment includes an appropriate and comprehensive evaluation of the visual system in addition to an assessment of the total functioning of the child.

( ) 1.4.2 Family Resources. All preschool children who are diagnosed to be blind or visually impaired are eligible for service regardless of the socioeconomic resources of the family.

( ) 1.4.3 Fees. If fees are charged they are set according to the standards in *Section C-1, Function and Structure.*

Comments:

( ) 1.5 ORGANIZATION. The preschool services are clearly and purposefully organized.

( ) 1.5.1 Structure. The organizational chart locates this program within the organization's administrative structure.

( ) 1.5.2 Coordination. A staff member is assigned responsibility and authority to coordinate, direct and/or supervise the preschool services.

( ) 1.5.3 Assignment of Responsibilities. Job descriptions of all personnel in the preschool services spell out their responsibilities for the program.

Comments:

2. PERSONNEL

( ) 2.1 PROVISION OF PRESCHOOL SERVICES. A program of preschool services for blind and visually handicapped children and their families utilizes the skills of personnel from a variety of professional disciplines and paraprofessional backgrounds who work together effectively as a team.

Comments:

( ) 2.2 GENERAL QUALIFICATIONS. All personnel are well-qualified by education, training and experience for their duties.

( ) 2.2.1 Qualifications of Educators. The organization employs as coordinator of the preschool services and as teachers, educators who meet one or the other of the following qualifications (A or B):

A. Certification	B. Specified Preparation
( ) 2.2.1.1A Possession of a valid state license or certificate in early childhood education, teaching visually handicapped students or other special education appropriate to the needs of the children served or possession of a valid certificate to teach visually handicapped children from the Association for Education of the Visually Handicapped.	( ) 2.2.1.1B Graduation from an undergraduate or graduate degree program in early childhood education, teaching of visually handicapped students, or other field in special education appropriate to the needs of the children served, from an accredited teacher preparation program at an accredited college or university.

Comments:

( ) 2.2.1.2 The coordinator demonstrates skills in curriculum planning, implementation and evaluation for the preschool child and family and in program administration and coordination of the various personnel involved in the preschool services.

( ) 2.2.1.3 The coordinator and/or teacher(s) evidence knowledge and competencies relevant to services for preschool blind or visually handicapped children and their families (check those competencies represented in the teaching staff).

_____ Knowledge of child growth and development

_____ Knowledge of early childhood curriculum which facilitates the development of motor, sensory, communication, social, cognitive and self-care abilities

_____ Ability to select and prepare materials appropriate for young children

_____ Knowledge of diagnostic prescriptive methods for young children

_____ Ability to observe, record, analyze behavior and develop behavioral management strategies

_____ Knowledge of the interaction of a variety of handicapping conditions on human development

_____ Ability to incorporate into both long and short term objectives those activities necessary to meet the needs of each individual child according to the unique combination of handicapping conditions

_____ Knowledge of the etiology of visual impairments and their educational implications

_____ Ability to provide appropriate readiness activities for tactile and visual modes of learning

_____ Knowledge of a curriculum fundamental to formal orientation and mobility training: spatial and body concepts, auditory awareness and localization, gross motor skills, sensory feedback

_____ Ability to select and prepare materials requisite to the development of tactile learning and utilization of vision

_____ Skill in working with parents through effective communication and demonstration of teaching strategies to them

_____ Ability to manage and coordinate the child's total educational program

_____ Other (specify)

Comments:

( ) 2.2.2 Social Workers. One or more social workers are employed as the facilitators of parent groups, to provide casework services, to coordinate the provision of casework services by other social agencies in the community and to serve as consultant to teachers in the management of family concerns and problems which relate to the child's development.

( ) 2.2.2.1 Social workers meet one or the other of the following qualifications (A or B):

A. Certification

( ) 2.2.2.1.A Possession of a valid state certificate or license in social work or membership in the Academy of Certified Social Workers of the National Association of Social Workers.

B. Specified Preparation

( ) 2.2.2.1B Graduation from an accredited undergraduate or graduate degree program in social work from an accredited college or university.

Comments:

( ) 2.2.2.2 Social workers possess competencies relevant to their work with families of preschool blind or visually handicapped children (check those competencies evidenced by the social work staff):

____ Knowledge of the impact of handicapping conditions on the family

____ Knowledge of the social and cultural impacts of a visual handicap

____ Ability to work effectively with families from a variety of cultural and ethnic backgrounds

____ Knowledge of the etiology of visual impairments and their effect on normal development

____ Knowledge of the interaction of a variety of handicapping conditions on human development

____ Knowledge of school and community resources available to aid the family and child

____ Demonstrated ability to help families provide an adequate environment for the child's physical, mental and emotional development

____ Demonstrated ability to provide effective social casework services to assist families to cope with grief, anger, depression, marital and family stress

____ Other (specify)

Comments:

( ) 2.2.3 Speech, Language and Communications Specialists. The services of one or more speech and language or communications specialists are available to implement a program of language development for the children served including communications which are verbal and nonverbal, receptive and expressive.

( ) 2.2.3.1 These specialists possess valid state licenses or certificates of competency.

( ) 2.2.3.2 These specialists evidence knowledge of the etiology of visual impairments and their effect on language development.

( ) 2.2.3.3 These specialists demonstrate knowledge of the interaction of a variety of handicapping conditions on human development.

( ) 2.2.3.4 These specialists evidence knowledge of the developmental aspects of communication development with strategies for meeting the needs of children who are nonverbal because of developmental delays or the effects of multiple handicapping conditions.

( ) 2.2.3.5 These specialists evidence ability to implement the above knowledges into effective program planning for developing the communications skills of young visually impaired children.

Comments:

( ) 2.2.4 Psychologists. The services of one or more psychologists are available to provide clinical assistance in the evaluation of the child's performance level.

( ) 2.2.4.1 Psychologists possess valid state licenses, certificates of competency, or an advanced degree with appropriate specialization.

( ) 2.2.4.2 Psychologists evidence competence in clinical assessment of preschool blind and visually handicapped children (check those competencies evidenced by the psychology staff):

____ Knowledge of the etiology of visual impairments and their effect on behavior and performance

____ Knowledge of the interaction of a variety of handicapping conditions on child development

____ Knowledge of appropriate testing instruments and adaptations thereof for use with preschool blind and visually handicapped children

____ Ability to relate visual impairments and other handicapping conditions to the interpretation of assessment findings and to the formulation of recommendations for service

____ Other (specify)

Comments:

( ) 2.2.5 Orientation and Mobility Specialists. The services of orientation and mobility specialists are available to assist the preschool child to develop appropriate perceptual and mobility skills.

2.2.5.1 Specialists meet one or the other of the following qualifications (A. Certification or B. Specified Qualifications):

	A. Certification		B. Specified Qualifications
( ) 2.2.5.1A	Possession of a valid certificate in orientation and mobility from the American Association of Workers for the Blind.	( ) 2.2.5.1B	Professional Preparation Graduation from an undergraduate or graduate program in orientation and mobility from an accredited college or university.
		( ) 2.2.5.2B	Physical Characteristics General physical characteristics that permit the orientation and mobility specialist to protect the trainee from dangers of irregular terrain, moving traffic, varying architectural structures, heavily traveled walkways and other travel situations and to observe and evaluate trainee progress.
		( ) 2.2.5.3B	At least 20/40 visual acuity in the better eye with best correction, a contiguous field of vision of at least 120° with best correction, and no evidence of pathology which would alter this acuity and/or field to a significant extent.
		( ) 2.2.5.4B	Hearing within normal limits as generally recognized by audiologists (bilateral pure tone hearing threshold averages to within 25 db HTL).

Comments:

( ) 2.2.5.2 Current ophthalmological, otological and general physical examination reports are obtained at the time of employment and thereafter as provided by the organization's personnel policies.

( ) 2.2.5.3 Specialists evidence knowledge and competencies relevant to services for preschool children (check those of the following evidenced by the specialist staff):

_____ Knowledge of the etiology of visual impairments and their effect on behavior and performance

_____ Knowledge of the interaction of a variety of handicapping conditions on child development with particular regard to perceptual and motor skills

_____ Knowledge of training modalities for sensory development

_____ Knowledge of orientation and pre-cane skills applicable to the preschool, visually impaired child

_____ Demonstrated ability to assist other preschool staff and the children's families in understanding and reinforcing the development of appropriate skills

_____ Other (specify)

Comments:

( ) 2.2.6 Physical and Occupational Therapists. The services of physical and occupational therapists are available to implement programs to enhance fine and gross motor development.

( ) 2.2.6.1 Therapists possess valid state licenses or certificates of competency.

( ) 2.2.6.2 Therapists demonstrate understanding of the impact of visual impairments on psychomotor development.

( ) 2.2.6.3 Therapists have preparation and/or experience with a pediatric population.

( ) 2.2.6.4 Therapists evidence ability to demonstrate proper positioning and handling techniques to the teachers, staff and parents, so that efforts of the therapists can be carried over into the classroom and living environment.

Comments:

( ) 2.2.7 Medical Services. The preschool services has access to the services of licensed ophthalmologists, pediatricians, neurologists and nurses for medical diagnosis, treatment and care when needed.

Comments:

( ) 2.2.8 Collaborative Staff. Provision is made as needed for employment or utilization of other staff for specialist purposes and for support (secretarial, clerical and maintenance) services.

Comments:

( ) 2.2.9 Volunteers. Volunteers are utilized for a variety of well-defined tasks.

( ) 2.2.9.1 Volunteers are recruited, screened and selected, oriented, trained, placed, supervised, evaluated and given recognition in accordance with *Section C-3, Personnel Administration and Volunteer Service.*

( ) 2.2.9.2 Preschool services volunteers are given specific orientation and training, in advance of being assigned, by staff or experienced volunteers (check those of the following topics which are included in orientation and training for preschool services):

_____ The goals of the preschool services
_____ The responsibilities of the various staff members
_____ The need and purpose of specific volunteer assignments
_____ Performance standards relating to assignments
_____ Instructions for carrying out the specific assignment
_____ The particular staff member to whom the volunteer is responsible
_____ Other (specify)

Comments:

( ) 2.2.9.3 Refresher training is provided regularly to volunteers.

Comments:

( ) 2.2.10 Inservice Training. Provision is made in the organization's staff development plan for inservice training for all preschool personnel including educators, social workers, specialists, aides or para-professionals, volunteers and any others.

( ) 2.2.10.1 The coordinator of preschool services is involved in the planning and the provision of the program of inservice training.

( ) 2.2.10.2 Inservice training covers topics of particular concern to preschool workers (check those of the following which are regularly included):

_____ Early childhood development

_____ Effects of handicapping conditions on development and behavior

_____ Social and cultural impact of visual impairments

_____ Working with parents

_____ Behavior management strategies

_____ Use of a variety of aids and appliances: glasses, hearing aids, crutches, prostheses, etc.

_____ Developing and implementing individualized education programs

_____ Impact of new developments in the field, the local community and in legislation

_____ Other information, including safety and emergency procedures pertaining to preschool services and topics for intensive pursuit by individuals involved in preschool services as appropriate for each category of participating personnel

Comments:

( ) 2.2.11 Professional Development. Provision is made for appropriate personnel to attend workshops and conferences, to take related university courses and to participate in the activities of professional organizations to enrich their contributions to the preschool services.

Comments:

3. EARLY IDENTIFICATION AND CASE FINDING

( ) 3.1 GENERAL. A sustained, comprehensive program is implemented to identify at the earliest possible time blind and visually handicapped children in the community.

Comments:

( ) 3.2 PUBLIC RELATIONS. A public information program about preschool services is conducted as an integral part of the organization's on-going public relations program administered in accordance with the standards in ***Section C-5, Public Relations and Fund Raising.***

Comments:

( ) 3.3 METHODS OF CASE FINDING. The organization implements a planned program for public information specifically designed to explain the benefits of preschool services, the availability of such services and to stimulate inquiries from concerned families and their friends.

( ) 3.3.1 Reaching the Public at Large. The organization develops and issues appropriate informational materials and provides activities designed for the general public (check those of the following materials which have been utilized in the past year to tell the public about the preschool services):

_____ "Open House"
_____ News releases
_____ Exhibits
_____ Radio and television announcements
_____ Radio and television programs
_____ Speeches
_____ Films
_____ Brochures
_____ Newsletters
_____ Posters
_____ Other (specify)

Comments:

( ) 3.3.2 Reaching Key Audiences. On a sustained basis, via the written word and personal presentations, information is given to key audiences which are likely to be in contact with families of preschool children who are blind or otherwise visually handicapped (check those of the following audiences which have been reached in the past year):

_____ Eye care personnel (ophthalomogists and optometrists)

_____ Other medical practitioners (general physicians, pediatricians, neurologists)

_____ Parents (PTA's, residential areas served by community publications)

_____ General nursery schools and day care centers

_____ Community service clubs (Lions, Delta Gamma, Rotary, Medical Society, etc.)

_____ Social agencies

_____ Schools (public and private)

_____ Medical facilities (children's clinics and social service departments)

_____ Agencies and schools for the blind and visually handicapped

_____ Information and referral services

_____ Consumer groups including organizations of the blind

_____ Other (specify)

Comments:

( ) 3.3.3 Cooperative Efforts. The organization maintains cooperative relationships with related education and child care agencies in the community in efforts to identify children and families who may need the services (check those of the following with which the organization actively cooperates):

_____ Agencies or schools for the blind

_____ Other social service agencies, governmental and voluntary

_____ Child Find programs

_____ Headstart programs

_____ Day nurseries

_____ Local, intermediate or regional education agencies

_____ State department of education

_____ State department of health

_____ Other (specify)

Comments:

4. CHILD ASSESSMENT

( ) 4.1 VISION ASSESSMENT. Assessment records include reports of a comprehensive range of clinical procedures (check those procedures regularly included and reported):

_____ Retinoscopic examination, other tests and treatments of any eye disease

_____ Measurement of refractive errors and corrective lenses or low vision aids which have been prescribed or recommended

_____ Testing of binocular vision and preventive or remedial services which have been prescribed

_____ Measurement of intraocular pressure and any treatments which have been prescribed

Comments:

( ) 4.1.1 Communication with Eye Specialist. The eye specialist is informed of staff observations of each child's ability to use vision in both familiar and unfamiliar settings.

( ) 4.1.2 Reexamination. Records of visual examinations are kept on file and updated yearly or as recommended by the examiner.

Comments:

( ) 4.2 DETERMINATION OF DEVELOPMENTAL LEVEL. The developmental levels, including strengths and weaknesses of each child, are assessed by a competent team of professionals assisted by the parents by means of observations, appropriate scales, checklists and other measures (e.g.: social maturity; *Maxfield-Bucholtz Social Maturity Scale, Preschool Attainment Record, Vineland Social Maturity Scale,* intellectual level; *Cattell Infant Intelligence Test, Gesell Developmental Scales, Bayley Scales of Infant Development, Hayes-Binet Scale of Intelligence, Wechsler Preschool and Primary Scale of Intelligence,* developmental level; *Portage Projects, Vision-Up, Adaptive Behavior Scale, Learning Accomplishment Profile, Callier-Azusa Scale for Deaf-Blind Children,* use of vision; *Barraga Visual Efficiency Scales, A Vision Guide for Teachers of Deaf-Blind Children* (Efron and DuBoff), *Cumulative Record of Visual Functioning* (Gruben and Leslie)).

List the instruments which are regularly used:

Comments:

( ) 4.3 ADDITIONAL ASSESSMENT. The organization utilizes additional clinical assessment services to identify causes of developmental delay not obviously resulting from visual impairment (check those of the following assessment services with which the organization maintains cooperative relationships):

_____ Pediatric clinic for comprehensive physical examination
_____ Pediatric neurological evaluation
_____ Audiological evaluation
_____ Orientation and mobility assessment
_____ Speech and language assessment
_____ Physical therapy assessment
_____ Occupational therapy assessment
_____ Psychological assessment
_____ Other (specify)

Comments:

( ) 4.4 ASSESSMENT REPORT. A written report of child assessment is prepared encompassing the findings of the evaluation team and identifying clusters of skills which fit into developmental sequences and suggest programming objectives (check those of the following skills clusters which are regularly described in the child assessment reports):

_____ Gross motor skills
_____ Fine motor skills
_____ Self-help skills
_____ Psychosocial skills
_____ Perceptual and cognitive skills, particularly as they relate to the use of vision
_____ Language skills
_____ Other (specify)

Comments:

( ) 4.5 PARENTAL ROLE IN ASSESSMENT. Parents are closely involved in the assessment process and kept informed through all steps.

( ) 4.5.1 Background Information. The preschool services social worker or other staff designated for this purpose, interviews the family in order to elicit facts about the child's social development and the dynamics of family relationships.

( ) 4.5.1.1 Provision is made for parents to complete a form or questionnaire about the child's development which is made a part of the assessment record.

Comments:

( ) 4.6 INDIVIDUALIZED EDUCATION PROGRAM. The assessment report is considered in developing the written individualized education program.

( ) 4.6.1 Scope. The individualized education program includes the instructional goals for each child, long term and short term objectives, evaluation dates, criteria for correct performance, names of individuals responsible for programming, provisions for revisions of programming through reassessment and procedures for agreement or grievances of parents or guardians.

( ) 4.6.2 Records. Individualized education programs which comply with Public Law 94-142 and which meet other written state or local specifications are included in the organization's central file on each child or family served.

( ) 4.6.3 Reassessment. Reassessment takes place at least twice annually.

( ) 4.6.3.1 Programming objectives are clearly related to assessment and reassessment findings.

( ) 4.6.4 Facilitation. Reasonable efforts are made to ensure that the assessment process is conducted with minimum interference to regular activities.

( ) 4.6.4.1 The assessment process utilizes reasonable evaluation criteria which are readily and objectively measurable.

( ) 4.6.4.2 Adequate supportive services are provided to facilitate timely and effective assessments.

( ) 4.6.4.3 The time required for completion of the assessment is kept as short as feasible in order not to disrupt regular programming.

Comments:

( ) 4.6.5 Parent Participation in Staffings. Parents or guardians are encouraged to participate in staff meetings when results of assessment are interpreted and individualized education programs for their child are established.

( ) 4.6.5.1 Clear and timely notices are sent in advance of such staffings and, insofar as feasible, times are scheduled which are convenient for parents or guardians to attend.

( ) 4.6.5.2 Alternative methods of communication, such as telephone calls and home visits, are arranged for parents or guardians who cannot attend staff meetings in order to interpret findings, communicate plans and to elicit input from parents or guardians into the decision-making process.

Comments:

5. FAMILY-DIRECTED SERVICES

( ) 5.1 FAMILY PARTICIPATION IN PLANNING. Parents are actively involved in developing and carrying out the child's total educational program with the preschool staff.

( ) 5.1.1 Assessment. Parents are aware of and involved in assessment procedures used in evaluating the child and developing the child's individualized educational program.

( ) 5.1.1.1 Parents are involved in assessment procedures on a continuing basis, when reassessments are initiated.

Comments:

( ) 5.1.2 Goals. Parents are involved in defining and clarifying the specific short-term goals for the child.

( ) 5.1.2.1 Parents are involved in determining the generalized and flexible, long-range goals for the child.

Comments:

( ) 5.1.3 Progress Reports. Progress reports are regularly discussed with the child's parents.

Comments:

( ) 5.2 EFFECTIVE COMMUNICATION WITH THE FAMILY. Special efforts are made to provide clear and concise communications with parents or guardians and to be responsive to their questions.

( ) 5.2.1 Language. Discussions, explanations, interpretations and meetings with parents or guardians take into account their language and cultural background.

( ) 5.2.1.1 Interpreters are provided whenever needed and possible for communication with parents or guardians whose understanding of English is limited.

Comments:

( ) 5.2.2 Assessments. Explanations are provided about the type of assessment instruments or procedures used in evaluating the child, and the resulting determination of functional levels.

Comments:

( ) 5.2.3 Handicapping Conditions. Parents are provided with information concerning an understanding of the child's handicapping conditions.

( ) 5.2.3.1 The child's eye condition is explained, including: acuity (tested and "functional"), etiology, special care or precautions, educational implications, and possible corrective devices.

( ) 5.2.3.2 The medical condition of the child is explained, including: etiology, special care or precautions, educational implications, and referral to a specialist for more specific or technical explanation, if needed.

( ) 5.2.3.3 Additional handicapping conditions are explained, including: etiology, general explanation, special care or precautions, necessary prostheses or appliances (if applicable), and educational implications.

Comments:

( ) 5.2.4 Home Carry-Over. The child's educational program is translated by a parent-teacher team into a home carry-over program.

( ) 5.2.4.1 Resources (time, staff, transportation) are available for the teacher to demonstrate the carry-over program in the child's home.

( ) 5.2.4.2 Discussions are initiated as to how to use "materials" in the home environment to implement the carry-over program.

( ) 5.2.4.2.1 Provision is made to lend, or otherwise make available, educational resource materials to augment materials available in the home.

( ) 5.2.4.2.2 Parents are provided with information about appropriate toys and play activities for their child.

( ) 5.2.4.3 Attempts are made to involve the child's total family in the carry-over program, i.e.: mother, father, siblings, extended family, primary caretakers, etc.

Comments:

( ) 5.3 SUPPORTIVE SERVICES. The organization, either through its own efforts or by purchase of service or referral, assists the family in obtaining appropriate other services which support and reinforce the preschool services program (check in column A those supportive services available directly from the preschool services program or parent organization and in column B those services provided by others):

A. Provided Directly	B. Provided By others	Type of Service
____	____	Social casework
____	____	Babysitters trained to manage handicapped children
____	____	Homemaker services
____	____	Respite care facilities
____	____	Medical services
____	____	Transportation services
____	____	Local services from agencies for the blind and visually handicapped
____	____	State and national services for the blind and visually handicapped
____	____	Local and regional services for persons with other handicapping conditions
____	____	Mental health services for parents and children
____	____	Local education agency
____	____	Educational diagnostic and counseling services
____	____	Physical therapy
____	____	Occupational therapy
____	____	Speech and language development service
____	____	Genetic counseling service
____	____	Legal aid
____	____	Child welfare services
____	____	Income maintenance services (welfare)
____	____	Other parent groups' activities
____	____	Other (specify)

Comments:

( ) 5.3.1 Information and Referral Service. A member of the professional staff is specifically designated to explore the availability of appropriate community resources and to coordinate the dissemination of such information to parents or guardians.

( ) 5.3.1.1 When needed support services are not provided directly by the organization, the social worker assists the family through referral to other appropriate agencies.

Comments:

( ) 5.3.2 Pattern and Scope. Support services are made available on a systematic, organized basis according to written policies and procedures.

( ) 5.3.2.1 Support services are made available when there is an expressed need for such service by the parent or guardian or teacher.

( ) 5.3.2.2 The support services system is coordinated by a single member of the professional staff.

( ) 5.3.2.3 The preschool teacher serves as the liaison person between the preschool, the parent or guardian and such service.

( ) 5.3.2.4 Time is scheduled for the teacher to carry out this liaison function.

( ) 5.3.2.5 There is a mechanism for information feed back to the preschool services coordinator in order to monitor the extent to which contract services fulfill their purposes.

Comments:

( ) 5.3.2.6 Parents or guardians and preschool teachers are kept informed about the support services which are available.

( ) 5.3.2.7 Support services personnel as well as preschool staff are appropriately involved in assessment of needs for particular services.

( ) 5.3.2.8 Pertinent assessment and evaluation information is shared as needed with support services personnel.

( ) 5.3.2.9 Support services personnel have input into the development, implementation and reassessment of the individualized education program for each child and family.

( ) 5.3.2.10 Support services personnel are kept informed about the purpose, goals and overall curriculum plan of the preschool services.

Comments:

( ) 5.3.3 Availability to Families. Provision is made by written policies and procedures for adequate time and reasonalbe flexibility in the scheduling of working hours for staff to be available for discussions with family members, as well as with ancillary staff or support service personnel.

Comments:

( ) 5.3.4 Transportation. The organization makes provision, either directly or through other arrangements, to assist children, families and staff in securing transportation for activities related to the preschool services (check those of the following for which transportation services or other travel arrangements are regularly available):

____ Children's travel to "classes", clinics and other facilities

____ Parent visits to the preschool facilities

____ Parent group meetings

____ Parent-staff conferences

____ Supportive services personnel

____ Staff visits to the child's home

____ Other persons needed for assessment and staffings

____ Other (specify)

Comments:

( ) 5.3.5 Common Concerns of Parents. Provision is made to determine common concerns of parents and their need for assistance or information through such means as questionnaires, interviews or group discussions.

( ) 5.3.5.1 Appropriate group functions or programs are prepared and conducted to meet identified common concerns and needs.

( ) 5.3.5.1.1 Information is disseminated to parents or guardians about relevant local, state and national parent organizations.

( ) 5.3.5.1.2 Literature and publications are secured and made available on subjects related to parents' concerns.

Comments:

( ) 5.3.6 Duration of Support Services. The scope and duration of support services for a particular family are identified, individualized and prescribed on the basis of the needs of the preschool child, the family and resources available.

( ) 5.3.6.1 Parental acceptance of the support services offered is not a criterion for continuation of other services to the child.

( ) 5.3.6.2 Parents are informed, whenever indicated, of other programs and the least restrictive alternatives available.

( ) 5.3.6.3 If a child is transferred to another program, provision is made for support services to continue into the next placement and for a preschool staff member to be available to assist the parents or guardians, child and receiving program to effect a smooth transition.

( ) 5.3.6.4 Parents are informed of their rights throughout the programming process according to Public Law 94-142 including their right to appeal staff actions.

Comments:

6. INSTRUCTIONAL PROGRAM

( ) 6.1 INSTRUCTIONAL FOCUS. A sustained program of instruction is provided focused on the sequential development of skills appropriate for the preschool child.

( ) 6.1.1 Purpose. The preschool curriculum is designed to enhance the growth and development of the preschool child.

( ) 6.1.2 Scope. The preschool curriculum encompasses the full range of child development including: physical development, motor development, intellectual and social development, self-help skills, communication and sensory perception.

Comments:

( ) 6.2 INSTRUCTIONAL ACTIVITIES. Instructional activities of the preschool services implement the individualized education program of each child.

( ) 6.2.1 Appropriateness. Activities are provided which are appropriate to the developmental level of the child as determined by the findings of the child assessment.

( ) 6.2.2 Motor Development. Activities are provided to assist in the sequential development of both gross and fine motor skills, including pre-cane mobility skills.

Comments:

( ) 6.2.3 Intellectual Development. Activities are geared to the developmental level of the child with content and materials chosen to help the child progress intellectually.

Comments:

( ) 6.2.4 Communication. Instructional activities are designed to assist the child in developing a communication system appropriate to the child's unique needs.

( ) 6.2.4.1 Communication activities range from the use of gestures, signs and speech to the use of communication devices and tactile or visual readiness materials.

Comments:

( ) 6.2.5 Self-help Skills. Instruction is designed and consistently implemented to assist the child in progressing toward a maximum level of independent functioning within both the preschool and living settings.

Comments:

( ) 6.2.6 Sensory Development. Activities are provided to help each child to the maximum level of sensory functioning with emphasis being given to carry-over value to the child's daily experiences.

( ) 6.2.6.1 Particular attention is given to helping the child develop the use of other sensory modalities to supplement or replace vision when indicated.

Comments:

( ) 6.2.7 Vision Training. Vision training is provided to each child who needs it.

( ) 6.2.7.1 As appropriate, vision training is incorporated into the child's individualized education program according to the visual assessment.

( ) 6.2.7.2 Specific instruction is provided to encourage utilization of residual vision when appropriate.

( ) 6.2.7.3 The child is encouraged to utilize vision on a consistent basis in all activities.

( ) 6.2.7.4 Lessons are planned to provide for the individual student's sequential development of visual perception skills.

( ) 6.2.7.5 Vision training activities are coordinated with other learning activities.

( ) 6.2.7.6 Specific instruction is provided to develop skills in using visually oriented equipment and materials.

( ) 6.2.7.7 Consultation is available for diagnosis, prescription and effective use of low vision aids.

Comments:

( ) 6.2.8 Social Development. Activities are provided to help the child develop a positive self-image through planned interaction with peers and adults.

Comments:

7. PROGRAM EVALUATION

( ) 7.1 PURPOSE. A variety of systems is used to evaluate the preschool services in order to monitor the application of human and financial resources, to appraise the progress made toward program goals, to measure the extent of achievement of established program objectives, to ensure consistency with the organization's statement of philosophy of service and to assess child performance.

Comments:

( ) 7.2 SCOPE OF PROGRAM EVALUATION. Evaluation of the preschool services is conducted systematically and includes all relevant factors affecting the program.

( ) 7.2.1 Long Range Plan. Progress toward reaching the long range goals of the preschool services is reviewed each year and the findings used to aid in revising and extending the long range plan for these services.

Comments:

( ) 7.2.2 Annual Plan. The achievements of the preschool services are measured against the specific objectives established in the annual program and financial plan and a review is made of the expenses of the program.

( ) 7.2.2.1 The findings are used to aid in developing the next annual program and financial plan.

( ) 7.2.3 Resources. Evaluation of the preschool services encompasses the adequacy of available resources including personnel, facilities, materials and equipment.

( ) 7.2.4 Evaluation Systems. The systems used for evaluating the preschool services are themselves evaluated, from time to time, in terms of efficiency and effectiveness in achieving their purposes.

Comments:

( ) 7.2.5 Program Evaluation Checklist. The evaluations of the preschool services are made in relation to a number of significant factors such as (check those which are regularly included in evaluation of this program):

_____ Clarity of purpose
_____ Effectiveness of planning processes
_____ Breadth of participation in planning, service delivery and evaluation
_____ Thoroughness of child assessment procedures
_____ Extent of parental involvement
_____ Adequacy of family support services
_____ Suitability of program content for blind, visually handicapped and multihandicapped children
_____ Adequacy of opportunities for students to interact with the sighted community
_____ Sufficiency of range of instructional activities
_____ Adequacy of resources (financial, human and facilities) available for the program
_____ Findings of follow-up studies
_____ Other (specify)

Comments:

( ) 7.3 SCOPE OF CHILD ASSESSMENT. Provisions are made for timely assessment of each child prior to the initiation of service and whenever needed through the service period.

( ) 7.3.1 Individualized Education Program. Child assessment procedures are an integral part of the process of developing and revising, whenever indicated, each child's individualized education program.

( ) 7.3.2 Relationship to Program Evaluation. The findings of individualized child assessment are utilized in evaluation of the overall effectiveness of the preschool services.

( ) 7.3.3 Child Assessment. Child assessments are made in relation to a number of significant factors such as (check those which are regularly taken into account in child assessment):

_____ Developmental level
_____ Observed skills
_____ Adequacy of sequentiality of instruction
_____ Extent of participation in planning and assessment by the child and parents or guardian
_____ Recorded evidences of child growth and progress
_____ Utility of assessment procedures and instruments
_____ Readiness for mainstreaming and other placement
_____ Suitability of available resources to serve the best interests of the child
_____ Other (specify)

Comments:

( ) 7.4 PARTICIPATION IN EVALUATION. Provisions are made for broadly-based participation in the evaluations of the preschool services.

( ) 7.4.1 Sources of Input. Provision is made for appropriate participation in evaluations by members of the organization's governing or advisory body, its administrative staff, the coordinator of preschool services, teachers, houseparents, aides or paraprofessionals and other staff, volunteers, students, parents or guardians and other consumers, specialized consultants and personnel of local education, day care, medical, social service agencies, community planning and fundings bodies and the state department of education.

Comments:

( ) 7.4.2 Structure. Evaluations of the preschool services are conducted by means of established systems with assigned responsibilities including a committee headed by the coordinator of preschool services or other designated individual.

Comments:

( ) 7.5 UTILIZATION OF FINDINGS. Evaluation findings are summarized in writing and systematically used in the organization's planning, budgeting and internal and public reporting activities.

Comments:

PROGRAMMING FOR IMPROVEMENT

Programming for improvement involves a continuous cycle of planning, implementation and evaluation. Accreditation is a structured method of evaluation and planning. When meshed closely with an organization's normal program and fiscal planning and evaluations, the accreditation process enhances the organization's capacities to effect improvements.

This final part of the Guide is intended to summarize and report on the principal findings of the self-study of the program evaluated on the preceding pages.

The first question is designed to elicit a listing of those features of the program which are deemed to be most outstanding.

Questions two through six are designed for the organization to summarize its program for improvement. Starting with a review of the recent past, these questions proceed through the present and into the future. Undoubtedly, the NAC self-study of this program has generated ideas for its improvement. Questions four through six are focused particularly on taking advantage of the momentum created by the self-study by setting forth a timetable for improvement which reflects or can be incorporated into the organization's normal planning system.

This summary will help the on-site review team to understand and to report on the program's strengths, the organization's recent achievements and its plans for the future. In this way, it also will assist the Commission on Accreditation in applying the following principle: if deficiencies exist, the organization is willing to remedy them and shows evidence of commitment to make the needed improvements in a reasonable time.

The "bottom line" for any human service program is its beneficial impact on the lives of the people it serves, and question seven asks about such impact. If the organization has conducted any recent follow-up studies, data from them as well as the broadly-based input received from participants in the self-study may be helpful in preparing this statement.

1. What are the outstanding features of this program at this time?

2. *What improvements or other changes were made in the fiscal periods from five years ago through two years ago?*

3. *What improvements or other changes were made in the most recently completed fiscal year?*

4. *What improvements or other changes have been introduced in the current fiscal year? (Indicate which were made as a result of the self-study. Also, if they have not yet been completed, indicate when completion is expected.)*

5. *What improvements are included in the plan for next fiscal year?*

6. *What additional improvements are contemplated in the long range plan?*

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INVOICE NO. _____ PAYMENT RECEIVED : DATE RECEIVED:

DATE SHIPPED _____

S-1 (1-1-79) S-B + 300